

MATERIAL TRANSFER AGREEMENT

<u>RECIPIENT</u>	<u>PROVIDER</u>
Scientist: Office: Mail Code: Phone: FAX: Email: Department of Veterans Affairs Medical Center 3710 SW US Veterans Hospital Road Portland, OR 97201	Scientist: Contact Name: Title: Phone: FAX: Email: Provider: Address:

Material:

1.) Will this material be used for a project that is currently funded?

☐ Yes

☐ No

If 'yes' list all grant titles and sources of funding that apply.

<u>Title</u>	<u>Source</u>

2.) Are any of the sources of funding listed above private companies?

☐ Yes

☐ No

3.) Do you have any Material Transfer Agreements, Sponsored Research Agreements, or contracts, either at the VA or OHSU, that have provided reagents, materials, or any form of support to any of the projects listed above?

☐ Yes

☐ No

If 'yes' please list related agreements or contracts.

Recipient Scientist's Signature

Date